

100 R-1 rev. 1

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/30/2014

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		1					52						
3		1					53						
4		2					54						
5		2					55						
6		1					56						
7		1					57						
8		1					58						
9		4					59						
10		4					60						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		1											
TOTAL DEP.	19												
TOTAL CLAIMS	20												